

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

PAGE: 1

OGDEN REG MEDICAL CENTER TCU PROVIDER #: 465141 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
5475 SOUTH 500 EAST PHONE NUMBER: (801) 479-2100 TOTAL: 12  
OGDEN UT 84405 PARTICIPATION DATE: 12/14/1994 CERTIFIED: 12 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/10/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 12			
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TOTAL: 11	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 10	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		12			
OTHER: 1					

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3	S/S	PRIOR 2	S/S	PRIOR 1	S/S	CURRENT	S/S	PLAN/DATE	
SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	OF CORRECT	PROGRAM REQUIREMENTS
06/2002		05/2003		01/2004		02/10/2005			
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED				
85 NEW	85 NEW	2000 EXIS	2000 EXIS	
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION
06/2002	05/2003	01/2004	02/09/2005	
X	X			
		X		
		X		
X	X	X	X F	
			X C	04/10/2005

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS  
K0046-EMERGENCY LIGHTING  
K0050-FIRE DRILLS  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0075-WASTEBASKETS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	1	0	0
HEALTH TOTAL	0	1	0	0
LIFE SAFETY CODE	2	3	2	2
LIFE SAFETY CODE + HEALTH	2	4	2	2

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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01/05/2000	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY